

DISCRIMINATION COMPLAINT PROCESSING FORM

NEW JERSEY DEPARTMENT OF PERSONNEL

INSTRUCTIONS: This complaint form should be filed with the Equal Employment Opportunity/Affirmative Action Officer or the alternate designee for the State department, agency, commission, or State college where you work or applied for employment.

Read Procedures for Reporting and Processing Internal Complaints before completing this form. (see the reverse side & /or next page)

1. Name:	2. Name of State Department, Agency or College:	3. Telephone (Work):																
4. Job Title:	5. Division/Office:	6. Telephone (Home):																
7. Home Address:	8a. Full Name & Title of person(s) you believe discriminated against you:																	
8. Date(s) of discriminatory action(s):																		
9. Basis of Discrimination: <table border="0"><tr><td><input type="checkbox"/> Race</td><td><input type="checkbox"/> Religion</td><td><input type="checkbox"/> Ancestry</td><td><input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participated in a complaint investigation or for opposing a discriminatory practice)</td></tr><tr><td><input type="checkbox"/> Color</td><td><input type="checkbox"/> Creed</td><td><input type="checkbox"/> Disability</td><td></td></tr><tr><td><input type="checkbox"/> Sex/Gender</td><td><input type="checkbox"/> Age</td><td><input type="checkbox"/> Sexual Harassment</td><td><input type="checkbox"/> Liability for Military Service</td></tr><tr><td><input type="checkbox"/> National Origin</td><td><input type="checkbox"/> Marital Status</td><td><input type="checkbox"/> Affectional/Sexual Orientation</td><td><input type="checkbox"/> Familial Status <input type="checkbox"/> Genetic Information</td></tr></table>			<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Retaliation (for having filed a discrimination complaint, participated in a complaint investigation or for opposing a discriminatory practice)	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Disability		<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Liability for Military Service	<input type="checkbox"/> National Origin	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Affectional/Sexual Orientation	<input type="checkbox"/> Familial Status <input type="checkbox"/> Genetic Information
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10. Explain why you feel you have been discriminated against: (COMPLAINANT HAS THE BURDEN OF PROVING THE CHARGE OF DISCRIMINATION)																		
11. Complainant's Signature: _____ Date: _____																		
<input type="checkbox"/> ADDITIONAL SHEETS ATTACHED																		
12. Have you filed a discrimination complaint with the • N.J. Division on Civil Rights? <input type="checkbox"/> YES <input type="checkbox"/> NO • U.S. Equal Employment Opportunity Commission? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. Have you filed a grievance on the issues / personnel actions described? <input type="checkbox"/> YES <input type="checkbox"/> NO																
14. Completion of this part is voluntary. The Information is to be used only for State and Federal record keeping and reporting requirements: SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																		
DO NOT WRITE BELOW THIS LINE																		
EEO/AA Officer Signature: _____		Date Received: _____																



Personnel

www.state.nj.us/personnel

DPF-481 Revised 10-02-03

Richard J. Codey, Acting Governor

Rolando Torres, Commissioner

STATE OF NEW JERSEY

Procedures For Reporting and Processing Internal Complaints Alleging Discrimination, Harassment Or Hostile Environments In The Workplace

Each State department, commission, State college, and authority (hereafter referred to as an appointing authority) is responsible for implementing this general procedure. In this document, unless otherwise noted, references to employees (as the complainant) includes applicants for employment and other persons doing business with the State.

1. All employees have the right and are encouraged to immediately report suspected violations of the State Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Workplace (N.J.A.C. 4A:7-3.1).
2. Employees can report incidents of discrimination/harassment to the EEO/AA Officer or any supervisory employee in an appointing authority. Employees may also report such incidents to the EEO/AA Officer's designated alternate.
3. Employees should make every effort to report complaints promptly. Delays in reporting may not only hinder a proper investigation, but may also unnecessarily continue to subject the person to the conduct about which he/she is complaining.
4. Supervisory employees should immediately report all alleged violations of the State Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Workplace, whether reported by an employee or observed directly, to the EEO/AA Officer.
5. If reporting a complaint to any of the persons set forth above presents a conflict of interest, the complaint may be filed directly with the Department of Personnel, Division of EEO/AA, P.O. Box 315, Trenton, NJ 08625. An example of such a conflict would be where the individual against whom the complaint is made is involved in the intake, investigative or decision making process.
6. While not mandatory, in order to facilitate a prompt, thorough and impartial investigation, all complainants should fill out a Discrimination Complaint Processing Form (DPF-481).
7. During the initial intake of a complaint, the EEO/AA Officer or alternate designee will obtain information regarding the workplace discrimination, harassment or hostile environment complaint, and determine if intermediate protective measures are necessary to prevent continued violations of the State's Policy Prohibiting Discrimination, Harassment, and Hostile Environments in the Workplace.
8. At the EEO/AA Officer's direction, when necessary, a prompt, thorough, and impartial investigation into the alleged harassment or discrimination will take place.
9. An investigatory report will be prepared by the EEO/AA Officer or his or her designee when the investigation is completed. The report will include: (a) a summary of the complaint; (b) summary of the facts developed through the investigation and (c) an analysis of the allegations and the facts. The investigatory report will be submitted to the Appointing Authority Head.
10. The Appointing Authority Head will review the investigatory report issued by the EEO/AA Officer or alternate designee, and make a determination as to whether the allegation of a violation of the State's Policy Prohibiting Discrimination, Harassment, and Hostile Environments in the Workplace has been substantiated. If a violation has occurred, the Appointing Authority Head will determine the appropriate corrective measures necessary to immediately remedy the violation.
11. The Appointing Authority Head will issue a final letter of determination to all parties, containing the results of the investigation and, if applicable, setting forth the right of appeal to the Merit System Board. The Division of EEO/AA, Department of Personnel shall also be furnished with a copy of the final letter of determination.
 - a. The investigation of a complaint shall be completed and a final letter of determination shall be issued no later than 120 days after the initial intake of the complaint referred to in 7. above is completed.
 - b. The time for completion of the investigation and issuance of the final letter of determination may be extended by the Appointing Authority Head for up to 60 additional days in cases involving exceptional circumstances. The Appointing Authority Head shall provide the Division of EEO/AA and all parties with written notice of any extension and shall include in the notice an explanation of the exceptional circumstances supporting the extension.
12. A complainant in the State career, senior executive or unclassified service or who is an applicant for employment, may appeal the final determination of the Appointing Authority Head, to the Merit System Board, PO Box 312, Trenton, NJ 08625 within 20 days of receipt of the final determination letter.

The person(s) against whom the complaint is made (if serving in the State career, senior executive or unclassified service) may appeal the final determination of the Appointing Authority Head to the Merit System Board within 20 days of receipt of the final determination that a violation of the policy has been substantiated. However if disciplinary action is recommended, the procedures for the appeal of disciplinary action shall be followed.

The appeal should contain a concise explanation of the disagreement. Regulations governing the appeal process are set forth at N.J.A.C. 4A:7-3.3 and N.J.A.C. 4A:2-1.1.
13. To the extent practical and appropriate under the circumstances, confidentiality, will be maintained throughout all phases of the intake, investigation and remediation process. Any breach of confidentiality by any party involved in this procedure may be considered an act of obstruction, and may subject that employee to disciplinary action.
14. Any employee can file a complaint directly with external agencies that investigate discrimination/harassment charges in addition to utilizing this internal procedure. The time frames for filing complaints with external agencies indicated below are provided for informational purposes only. You should contact the specific agency to obtain exact time frames. The deadlines run from the last date of the alleged act of harassment or discrimination, not from the date that the internal workplace discrimination/harassment complaint to the employer is resolved.

Employees may file complaints with the following agencies:

Division on Civil Rights
N.J. Department of Law & Public Safety
Within 180 days of the discriminatory act.

Trenton Regional Office
140 East Front Street
6th Floor - P.O. Box 089
Trenton, New Jersey 08625-0089
(609) 292-4605

Camden Regional Office
One Port Center
2 Riverside Drive, Suite 402
Camden, NJ 08103
(856) 614-2550

Paterson Regional Office
100 Hamilton Plaza, Suite 800
Paterson, NJ 07505
(973) 977-4500

Atlantic City Satellite Office
26 South Pennsylvania Avenue
Atlantic City, NJ 08401
(609) 441-3100

Newark Regional Office
31 Clinton Street
P.O. Box 46001
Newark, NJ 07102
(973) 648-2700

United States
Equal Employment Opportunity Commission (EEOC)
Within 300 days of the discriminatory act.

Philadelphia District Office
The Bourse Building, Suite 400
21 S. Fifth Street
Philadelphia, PA 19106-2515
(215) 440-2600

Newark District Office
1 Newark Center
21st Floor
Newark, NJ 07102-5233
(973) 645-6385